

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) <u>Neighbors for Coleman</u>	
IMPORTANT: Indicate type of committee you are reporting for: <u>4</u>	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	
CANDIDATE COMMITTEES ONLY:	
Candidate Name <u>Chris Coleman</u>	Political Party <u>non-partisan</u>
Office Sought <u>Des Moines City Council At-Large</u>	District (if Senate or House) _____
<u>Peter M. SAND</u> SIGNATURE OF TREASURER (or person filing this report)	
<u>274-3153</u> TELEPHONE	
<u>12-4-03</u> DATE SIGNED	

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
ETHICS & CAMPAIGN DISCLOSURE BOARD DEC 5 2003 FILED	

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A 12/4/03 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date)Indicate one ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED _____
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>11-4-03</u>
County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)
\$ 6,721.00**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

7,585.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

14,306.00**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

6,861.18

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)
\$ 7,444.82

**UNPAID BILLS (From Schedule D - Attach Schedule D)

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) Neighbors for ColemanIAETHIOS 277-1531
DISCLOSURE BOARD

FEB 18 2004

IMPORTANT: Indicate type of committee you are reporting for: ☐

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party

Office Sought

District (if Senate or House)

Chris ColemanDSM City Council-at-largePeter M. SMD

SIGNATURE OF TREASURER (or person filing this report)

274-3153

TELEPHONE

2-18-04

DATE SIGNED

FORM

DR-2

(Rev. 07/2003)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.

(report date)

Indicate one ☐☒ CHECK IF AMENDMENT TO REPORT DATED 12-4-03
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

11-4-03

County & Local Committees, enter County in which Election is held

Polk

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$

8972.05

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

7585.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

16,557.05

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...

3991.78

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

12,565.27

**UNPAID BILLS (From Schedule D - Attach Schedule D)\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

Amending 12-4-03
report

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK#	Carter Printing 1739 E Grand Ave. Des Moines IA 50317	credit for incorrectly high reported expense	\$ -2692.40
	ID# CK#	Typing Services 1122 Burnham DSM 50313	credit for erroneous double entry	-102.00
	ID# CK#	Datavision PO Box K-9 Carlisle IA 50047	credit for erroneous double entry	-75.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ -2869.40
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page _____ of _____

(for Schedule B)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-21-03	ID# CK#	Marvin or Margaret Pommer 3212 47th Street Des Moines IA 50310		\$10.00	<input type="checkbox"/>
10-21-03	ID# CK#	Dan Johnson & Susan Johnson 2805 38th Street Des Moines IA 50310		\$25.00	<input type="checkbox"/>
11/1/03	ID# CK#	Mark McCormick 4331 Greenwood Drive Des Moines IA 50312		\$100.00	<input type="checkbox"/>
11/2/03	ID# CK#	Scott Flood & Susan Gerleman 476 County Line Rd. Cumming, IA 50061		\$50.00	<input type="checkbox"/>
11/2/03	ID# CK#	Denise I. Essman Trust 3319 Southern Woods Dr. Des Moines, IA 50321		\$50.00	<input type="checkbox"/>
11/2/03	ID# CK#	James Autry & Sally Pederson 5007 Woodland Des Moines, IA 50312		\$100.00	<input type="checkbox"/>
11/1/03	ID# CK#	Scott Brunscheen 219 Wilson Rd. West Des Moines, IA 50266		\$25.00	<input type="checkbox"/>
10/31/03	ID# CK#	Kristin L. Reek and Michael R. Reek 1817 76th Street Windsor Heights, IA 50322		\$50.00	<input type="checkbox"/>
10/28/03	ID# CK#	Robert Burnett 2942 Sioux Ct. Des Moines, IA 50321		\$100.00	<input type="checkbox"/>
10/29/03	ID# CK#	James O. Boyt 6700 Carpenter Des Moines IA 50311		\$100.00	<input type="checkbox"/>
SUB-TOTAL				\$610.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 8
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-29-03	ID# CK#	Stuart E. Broms Carol A. Bower-Broms 3610 SW 34th Place Des Moines, IA 50321		\$ 50.00	<input type="checkbox"/>
10-29-03	ID# CK#	Nicholas H. Roby 2500 Financial Center Des Moines, IA. 50309		\$ 50.00	<input type="checkbox"/>
10-28-03	ID# CK#	Fredrick W. Weitz Emily B. Weitz 1245 Browns Woods Dr. West Des Moines, IA 50265		\$ 100.00	<input type="checkbox"/>
10-27-03	ID# CK#	Jeff Nall Mary O'Keefe 3433 High Meadows Lane Cumming, IA 50861		\$ 100.00	<input type="checkbox"/>
10/30/03	ID# CK#	Elizabeth A. Goodwin 3930 Grand Ave. Apt. 206 Des Moines, IA. 50312-3520		\$ 25.00	<input type="checkbox"/>
10-29-03	ID# CK#	Joseph Proctor Diane Proctor 108 30th Street Des Moines, IA. 50312-4424		\$ 100.00	<input type="checkbox"/>
10-23-03	ID# CK#	Max J. Schott Molly Schott 2608 40th Street Des Moines, IA. 50310		\$ 100.00	<input type="checkbox"/>
11-2-03	ID# CK#	William and Josephine Judkins 1590 NW 103rd St. Clive, IA. 50325		\$ 100.00	<input type="checkbox"/>
10-30-03	ID# CK#	Gerard D. Neugent 5000 Westown Parkway Suite 100 West Des Moines, IA. 50266		\$ 100.00	<input type="checkbox"/>
10-28-03	ID# CK#	Dr. Christopher Nelson 2535 Deers Creek Trail Des Moines, IA. 50323		\$ 100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 825.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-29-03	ID# CK#	Howard V. Gregory P.O. Box 35666 Des Moines, IA. 50315-0306		\$ 50.00	<input type="checkbox"/>
10-29-03	ID# CK#	G.R. Neumann Elizabeth M. Neuman 3450 John Lynde Rd. Des Moines, IA. 50312		\$ 100.00	<input type="checkbox"/>
10-29-03	ID# CK#	Tom Lynner 2931 Druid Hall Dr. Des Moines, IA. 50315		250.00	<input type="checkbox"/>
10-29-03	ID# CK#	David O. and Norma Creighton 9547 University No. 16 Des Moines, IA		50.00	<input type="checkbox"/>
10-30-03	ID# CK#	Paul Drey and Stephanie Brick-Drey 13762 Lakeview Dr. Clive, IA. 50325		\$ 25.00	<input type="checkbox"/>
10-28-03	ID# CK#	Marc Beirtrame 3409 SW 44th PL Des Moines, IA. 50321		\$ 50.00	<input type="checkbox"/>
10-29-03	ID# CK#	John Burgeson 5505 Welker Des Moines, IA 50312		\$ 200.00	<input type="checkbox"/>
10-28-03	ID# CK#	W. Thomas Phillips Carline Phillips 582 Chardonnay Point Waukee, IA 50263		\$ 50.00	<input type="checkbox"/>
10-30-03	ID# CK#	Jeffery Lamberti and Shannon L. Lamberti 2621 NW 17th St. Ankeny, IA 50021		\$ 50.00	<input type="checkbox"/>
10-30-03	ID# CK#	Skip Moore P.O. Box 1734 Des Moines, IA. 50306		\$ 25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 850.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-26-03	ID# CK#	Bryan A. Burkhardt 4547 51st St. Des Moines, IA. 50310		\$ 75.00	<input type="checkbox"/>
10-28-03	ID# CK#	Sam C. Kalainov Delores Kalainov 681 50th St. Des Moines, IA. 50312		\$ 250.00	<input type="checkbox"/>
10-28-03	ID# CK#	Harold Belken and Nadine Belken 416 SE Gray St. Des Moines, IA. 50315		\$ 50.00	<input type="checkbox"/>
10-28-03	ID# CK#	Frank and Geri Boesen 4324 Ashby Ave. Des Moines, IA. 50310		\$ 50.00	<input type="checkbox"/>
10-28-03	ID# CK#	Patricia Boesen 3409 Beaver Ave. Des Moines, IA. 50310		\$ 25.00	<input type="checkbox"/>
10-29-03	ID# CK#	Mrs. James F. Boesen 4109 30th St. Des Moines, IA. 50310		\$ 25.00	<input type="checkbox"/>
10-29-03	ID# CK#	Peter V. Boesen 4026 Beaver Ave. Des Moines, IA. 50310		\$ 100.00	<input type="checkbox"/>
10-26-03	ID# CK#	Steven Siembieda and Theresa S. Siembieda 4751 76th St. Urbandale, IA. 50322	sister and brother-in-law	50.00	<input type="checkbox"/>
10-24-03	ID# CK#	John F. or Mary E. Keck 1114 44th St. Des Moines, IA. 50311		\$ 25.00	<input type="checkbox"/>
10-27-03	ID# CK#	Robert J. Connolly and Carol E. Connolly 6828 Morningside Cir. Johnston, IA. 50131		\$ 25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 675.00	
TOTAL (if last page of this schedule)				\$	

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Page 4 of 8
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/28/03	ID# CK#	Bernard Goldstein Trust 2117 State Street Bettendorf, IA 52722		\$ 500.00	<input type="checkbox"/>
11/1/03	ID# CK#	Jeff and Blythe Roberts 1810 38th St. Des Moines, IA 50310		\$ 50.00	<input type="checkbox"/>
11/3/03	ID# CK#	Steven and Roslynne Lavis 4032 Beaver Des Moines, IA 50310		\$ 25.00	<input type="checkbox"/>
11/5/03	ID# CK#	Richard and Becky Moffatt 8385 N.W. 121st Grimes, IA 50111		\$ 250.00	<input type="checkbox"/>
11/5/03	ID# CK#	James and Robin Myers 2530 73rd St. Urbandale, IA 50322		\$ 250.00	<input type="checkbox"/>
11/5/03	ID# CK#	Michael and Linda Myers 2530 73rd St. Urbandale, IA 50322		\$ 250.00	<input type="checkbox"/>
11/5/03	ID# CK#	Robert and Lynda Myers 2005 Olson Drive Waukee, IA 50263-8205		\$ 250.00	<input type="checkbox"/>
11/3/03	ID# CK#	Craig & Carol Faber 1713 Thornwood Rd. West Des Moines, IA 50265		\$ 200.00	<input type="checkbox"/>
11/13/03	ID# CK#	Karen Barkley 4116 Maryland Ave Des Moines, IA 50316		\$ 30.00	<input type="checkbox"/>
11/4/03	ID# CK#	Thomas H. McBride, III 718 Polk Blvd. Des Moines, IA 50312		\$ 20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1825.00	
TOTAL (if last page of this schedule)				\$	

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Page 5 of 8
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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10/29/03	ID# CK#	Walt and Judy Tomenga 7250 Hyperton Pointe Johnston, IA 50131		\$25.00	<input type="checkbox"/>
10/28/03	ID# CK#	Tom Dawson 3001 Branch Ave., Apt. 338 Temple Hills, MD 20748-1031		\$100.00	<input type="checkbox"/>
10/26/03	ID# CK#	James E. and Patricia A. Luhrs 3826 Park Ave. Des Moines, IA 50321-1346		\$50.00	<input type="checkbox"/>
10/28/03	ID# CK#	Jon and Patricia Cruse 4304 98th St. Urbandale, IA 50322		\$50.00	<input type="checkbox"/>
10/26/03	ID# CK#	D. L. Brier 3501 S.W. 33rd St. Des Moines, IA 50321		\$50.00	<input type="checkbox"/>
10/26/03	ID# CK#	Vernon and Terree Johnson 3907 S.W. 29th St. Des Moines, IA 50321		\$100.00	<input type="checkbox"/>
10/28/03	ID# CK#	Jon and Barbara Hrabec 4120 Oakwood Lane West Des Moines, IA 50265		\$100.00	<input type="checkbox"/>
10/27/03	ID# CK#	Richard G. Gubbels 2812 Virginia Place Des Moines, IA 50321-1500		\$25.00	<input type="checkbox"/>
10/28/03	ID# CK#	Robert E. Josten 801 Grand, Suite 3900 Des Moines, IA 50309		\$250.00	<input type="checkbox"/>
10/28/03	ID# CK#	Michael A. Amador P.O. Box 110 214 N. Washington Elkhart, IA 50073		\$50.00	<input type="checkbox"/>
SUB-TOTAL				\$800.00	
TOTAL (if last page of this schedule)				\$	

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Page 6 of 8
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

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11/10/03	ID# CK#	Michael R. & E. Carter Hutchinson 400 28th St. Des Moines, IA 50312		\$ 50.00	<input type="checkbox"/>
11/4/03	ID# CK#	Robert Den Hartog 505 5th Ave., Suite 212 Des Moines, IA 50309-2323		\$ 25.00	<input type="checkbox"/>
10/30/03	ID# CK#	Gerald M. Kirke 417 Locust St. Des Moines, IA 50309		\$ 100.00	<input type="checkbox"/>
11/6/03	ID# CK#	Richard and Linda Hurd 6900 Westown Parkway West Des Moines, IA 50266		\$ 100.00	<input type="checkbox"/>
11/5/03	ID# CK#	Michael A. Coppola 4521 Fleur Ave, Suite C Des Moines, IA 50321		\$ 200.00	<input type="checkbox"/>
10/27/03	ID# CK#	Marvin Alvin Pomerantz 4700 Westown Parkway, Suite 303 West Des Moines, IA 50266		\$ 100.00	<input type="checkbox"/>
10/29/03	ID# CK#	Jeffrey Morgan 522 E. Grand, Ste. 201 Des Moines, IA 50309-1922		\$ 100.00	<input type="checkbox"/>
11/2/03	ID# CK#	Roland W. and Mary A. Nelson 4105 Timberwood Drive West Des Moines, IA 50265		\$ 100.00	<input type="checkbox"/>
10/30/03	ID# CK#	Jane Bishop Fogg 13360 Ashkent Drive Clive, IA 50325-8820		\$ 75.00	<input type="checkbox"/>
10/30/03	ID# CK#	Fred J. and Linda M. Nesbit 415 45th St. Des Moines, IA 50312-2503		\$ 100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 950.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10.29-03	ID# CK#	John R. Fitzgibbon 3131 Fleur Dr, Park Fleur Des Moines, IA 50321		\$ 100.00	<input type="checkbox"/>
10.28.03	ID# CK#	Scott M. or Theresa A. McMurray 375 North Ridge Dr. West Des Moines, IA 50266		\$ 100.00	<input type="checkbox"/>
10.27-03	ID# CK#	Rodney D. Foster - Heidi B. Foster 14760 Hawthorn Dr. Clive, IA 50325		\$ 50.00	<input type="checkbox"/>
10.28.03	ID# CK#	Harry Bookey 400 Locust St. Des Moines, IA 50309		\$ 200.00	<input type="checkbox"/>
10.29-03	ID# CK#	Joseph M. Galloway 3622 Davisson Rd. Des Moines, IA 50310		\$ 100.00	<input type="checkbox"/>
10.27-03	ID# CK#	Richard B. Margulies 2100 Westown Parkway Suite 220 West Des Moines, IA 50265-1539		\$ 500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1050.00	
TOTAL (if last page of this schedule)				\$ 7585.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Coleman

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/1/03	ID# CK#	Bankers Trust 665 Locust DSM 50304	bank charges	\$ 24.99
12/1/03	ID# CK#	Iowa Bystander 1168 22nd St. DSM 50311	Advertising	200
12/1/03	ID# CK#	K & D Wordprocessing 4016 11th St. Des Moines 50313	data entry	75
12/1/03	ID# CK#	DMA 2130 Delaware DSM 50313	Mailing Services	1959.38
12/1/03	ID# CK#	Typing Services 1122 Burnham DSM 50315	letter typing	102
12/1/03	ID# CK#	Carter Printing 1739 E Grand DSM 50317	printing	3954.81
12/1/03	ID# CK#	Viva Communications 8435 University #5 DSM 50325	Advertising	470
12/1/03	ID# CK#	Data vision P.O. Box K-9 Carlisle IA 50047	data entry	75
SUB-TOTAL				\$ 6861.18
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

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(for Schedule B)